

Annual Report 2005



HUMANITY EQUALITY INTEGRITY RESPECT SOLIDARITY



Annual Report 2005



Mission Statement

“SPIRASI is a humanitarian, intercultural, non-governmental organisation that works with asylum seekers, refugees and other disadvantaged migrant groups, with special concern for survivors of torture. In partnership with others, SPIRASI enables access to specialist services to promote the well-being of the human person, and encourages self-reliance and integration into Ireland”.

FOREWORD

By Peter Sutherland, Patron of SPIRASI

Ireland in recent years has entered the mainstream of global developments in economics and politics. Through its membership of the European Union this small country has exercised an influence well in excess of its relative population size. It has been my privilege to have been called to play a part in influencing these trends, particularly through my time as EU Commissioner, and later as Director General of GATT. In the tumultuous changes which globalisation has brought to the global reality it has been my enduring conviction that economically weaker countries are helped more significantly by empowerment to participate in world economic development, rather than by humanitarian aid grants which tend to reinforce enfeebling dependency. However there are undoubtedly emergency situations which demand humanitarian assistance aid.

One of the results of globalisation has been substantial movements of population, sometimes voluntary and indeed, regrettably, sometimes involuntary. Economic and political dislocation can and has set in motion migrations of population directed towards the countries of the Western world seen as providing opportunities for a modicum of security, economic hope and refuge from tyranny. For the most part, these movements involve talented, skilled and ambitious people who have the potential to contribute in many ways to their host countries. For that reason, it was my privilege in January 2006 to be appointed by UN Secretary General, Kofi Annan, as Special Representative for Migration.

It was also my pleasure to accept to be patron of SPIRASI in Ireland which, in its short lifetime of seven years, has already received recognition as being the largest NGO provider of integration orientated services to vulnerable migrant groups who have sought refuge in Ireland. In SPIRASI, I find in a local context the values I described above in a global context: empowerment to participate in economic development in a way that supports the human dignity of the individual migrant, rather than directing them towards soul-destroying dependency. The keys to such development at an individual level are education skills towards integration (especially involving language competence and information technology directed towards economic and social inclusion), together with diffusion of health information. I note with satisfaction that these are the targets towards which SPIRASI directs its efforts.

Peter Sutherland



I note with equal satisfaction that the services of SPIRASI are holistic, peer led, and sensitive to the felt needs of the migrant community, working from a partnership model.

I first became aware of SPIRASI through its work with survivors of torture. I particularly commend the establishment of such a human rights anchored centre in Ireland as its interventions are directed to a very vulnerable segment of the migrant community: those who are the victims of torture, either in their countries of origin or during their migration. Torture is directed by the perpetrator towards the destruction of the inner psyche, which often leaves the survivor without the inner resources to develop a balanced self-sufficient life. I note the efforts of SPIRASI to provide a professional service, directed towards rehabilitation, to restore to the individual the dignity and confidence to cast aside the debilitating image of victim-hood, and to allow the individual to again take their future in their own hands, to become a self-sufficient, productive and balanced person in their new society.

Allow me to direct the attention of SPIRASI to another aspect of the migration question. Migration is a bi-polar phenomenon. Its success is measured by the degree of integration achieved by the migrant, coupled with the degree of acceptance achieved by the host community. Both poles are vital to the success of the venture. SPIRASI already addresses the migrant community with a high degree of success. I understand that you also participate in various training opportunities for functionaries and members of the host community. This is equally vital to the long-term peace and stability of our land, and the acceptance of migrants into our national community. Experience elsewhere has provided classical testimony to the dangers of not being attuned to the sensitivities of the host community, and the disorder which can result.

I wish you well for your efforts in the future to expand the services you provide, and congratulate you on your resolve to make our country a better place for all our citizens, both Old Irish and New Irish, so that our children will inherit a land of peace, prosperity and tolerance.

I am proud to be associated with SPIRASI as your patron.
Peter Sutherland, U.N. Special Representative for Migration.

List of Abbreviations:

ARCSS	Asylum Seeker and Refugee Counselling Support Services
CCST	Centre for the Care of Survivors of Torture
CDVEC	City of Dublin Vocational Education Committee
CÉIM	Centre for the Education and Integration of Migrants
CHIP	Centre for Health Information and Promotion
CORE	Clinical Outcomes in Routine Evaluation
CSO	Central Statistics Office
CSU	Central Services Unit
DJELR	Department of Justice, Equality and Law Reform
DL	Doras Luimni
ERFII	European Refugee Fund II
ESB	Electricity Supply Board
ESOL	English as a Second or Other Language
EU	European Union
FAS	Ireland's National Training and Employment Authority
FETAC	Further Education and Training Awards Council
GNIB	Garda National Immigration Bureau
HSE	Health Services Executive
HSE-DNE	Health Services Executive Dublin North East
HSE-MW	Health Services Executive Mid West
IACP	Irish Association for Counselling and Psychotherapy
IBEC	Irish Business and Employers Confederation
IELTS	International English Language Testing System
INIS	Irish Naturalisation and Immigration Service
IT	Information Technology
MORE	Modelling of National Resettlement Process and Implementing of Emergency Measures
NCCRI	National Consultative Committee on Racism Ireland
ORAC	Office of the Refugee Applications Commissioner
RAT	Refugee Appeals Tribunal
RHC	Roselawn Health Centre
RIA	Reception and Integration Agency
RLS	Refugee Legal Service
SDU	Strategy and Development Unit
SPIRASI	Spiritan Asylum Services Initiative
TEAM	Training and Education Assistance and Mentoring
UNHCR	United Nations High Commission for Refugees

Annual Report 2005

Contents

Foreword	2
Chairperson's Report	6
1. Spiritan Asylum Services Initiative	8
2. 2005 in Context	10
3. Education and Integration	16
4. Torture Care	24
5. Health Information and Promotion	32
6. Central Operations	42
7. Financial Report	51

CHAIRPERSON'S REPORT

It is with great enthusiasm that we, the Board of SPIRASI, present this annual report for 2005. SPIRASI opened its doors on the 2nd of September 1999, as a new millennium was about to dawn. The rhetoric of hope, even if somewhat naïve, was already in the air. The tectonic plates of world history were already grinding inexorably to produce a new world order (and disorder), with its hopes and fears, its winners and losers, its exploiters and victims. Ireland was, for the first time in her history, in the main stream of such change, as many coming from the underside of history sought refuge and asylum within our borders. Statutory bodies struggled to cope with an emergency completely unfamiliar to them in their previous experience. The situation demanded a response from the voluntary sector to complement the public sector. SPIRASI was part of that response.

SPIRASI: The initiative was undertaken by the religious congregation of the **Spiritans** who had a long history of response to humanitarian situations. In the 1860's, a group of French Spiritans arrived at Zanzibar on the East Coast of Africa, and immediately addressed themselves to the humanitarian implications of the slave trade and its victims, establishing the first of a series of 'liberty villages' at Bagamoyo to the north of Dar es Salaam in modern Tanzania. A number of Irish humanitarian organisations have their roots in Spiritan initiatives responding to particular humanitarian situations: *Concern*, *Refugee Trust*, *Aidlink*, the *Development Studies Centre* at Kimmage Manor, to mention but a few. We can now add **SPIRASI** to that honourable list.

SPIRASI: In 1999, as increasing numbers of asylum seekers reached our shores from the various unstable parts of the world, the Spiritans, after serious research, judged the time to be ripe for a voluntary sector response to complement the over-stretched public sector. What was needed was **Asylum Services**, geared to the speedy but respectful integration of the new arrivals into Irish society, by empowering them to enter the labour market and become self-sufficient citizens of their new country. We judged the three key services in this respect to be:

Fr Paddy Roe,
SPIRASI Chairperson



- (i) language proficiency and information technology skills: Centre for the Education and Integration of Migrants (**CÉIM**)
- (ii) health information dissemination: Centre for Health Information and Promotion (**CHIP**)
- (iii) addressing the large percentage of asylum seekers who have survived torture and trauma, but whose lives have been deeply scarred by their experience: Centre for the Care of Survivors of Torture (**CCST**)

SPIRASI: The **I** stands for **Initiative**. The original initiative was from the side of the Spiritans, who put a valuable property and a number of key personnel at the disposal of the project. Within weeks of the start of SPIRASI in 1999, the initiative was matched by the vast numbers of volunteers, from both the indigenous and migrant parts of the population, who put their time and talents at the disposal of the project, and without whose contribution SPIRASI could only be a shadow of its present strength and relevance. We acknowledge and salute their contribution with thanks.

SPIRASI was a millennium project. It was a response to a series of obvious humanitarian needs. How long those needs will require attention is hidden in the fog of the future, in the hatchery of the intersection of historical process and humans' inhuman response to these processes. If the past is anything to go by, SPIRASI has a long future ahead of it.

Fr Paddy Roe,
November 2006

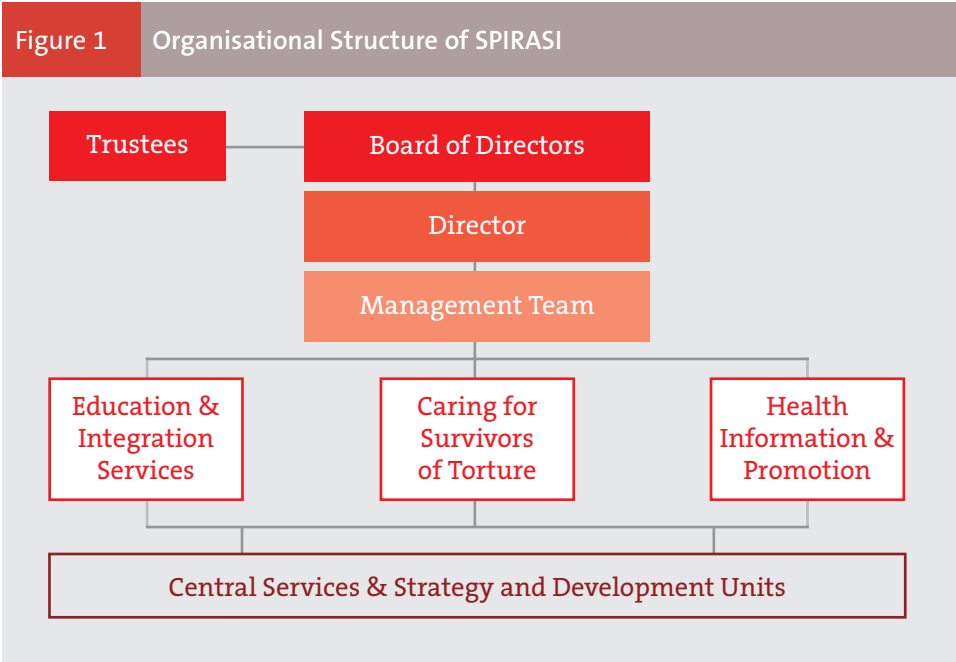


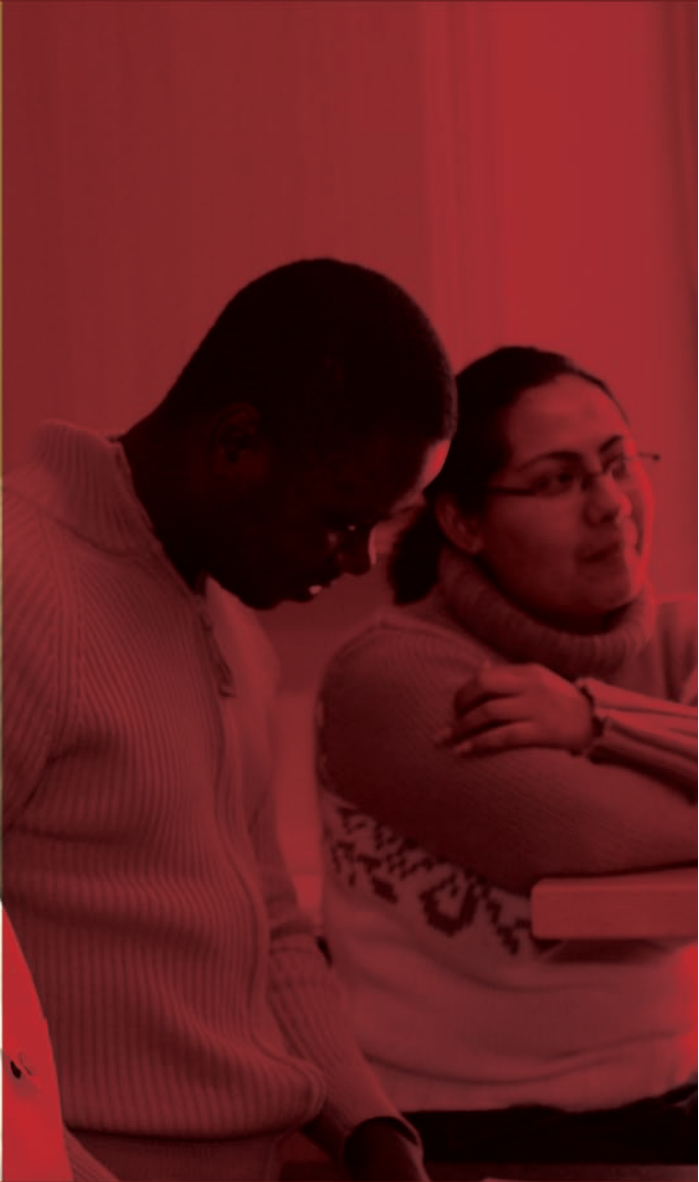
SPIRASI Staff December 2005

1. Spiritan Asylum Services Initiative

SPIRASI is a humanitarian, intercultural, non-governmental organisation that works with asylum seekers, refugees and other disadvantaged migrant groups, with special concern for survivors of torture. In partnership with others, SPIRASI enables access to specialist services to promote the well-being of the human person, and encourages self-reliance and integration into Ireland.

SPIRASI, the Spiritan Asylum Services Initiative opened its doors in 1999. The initiative was started up by the Holy Ghost Congregation. At the outset it focused on the provision of educational supports in the area of English Language training for asylum seekers. SPIRASI has since broadened its work into the areas of providing health information and promotion, and the provision of rehabilitative care for survivors of torture. The structure of SPIRASI is best represented by Figure1.

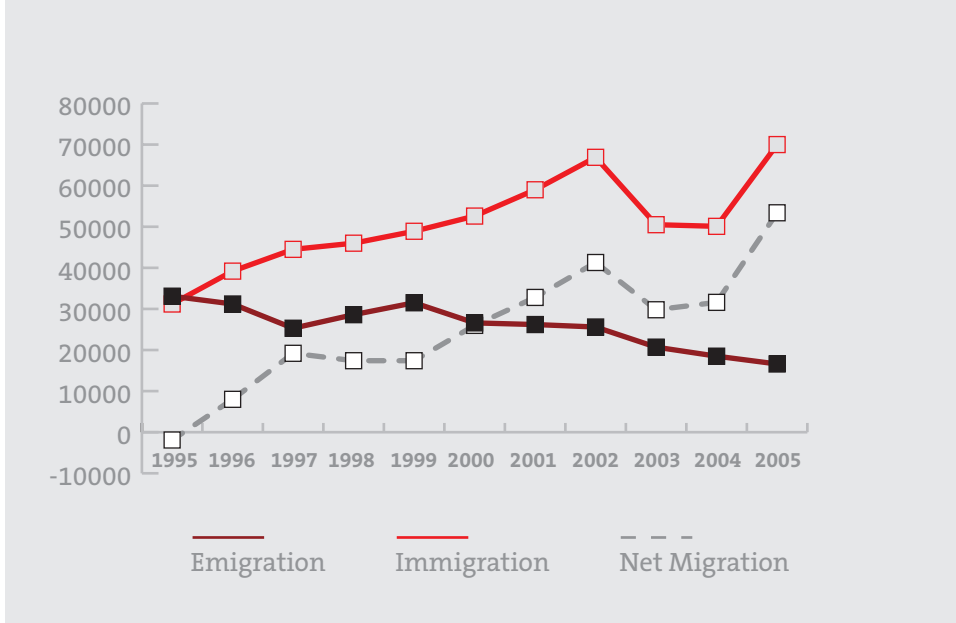




2. 2005 In Context

The overall environment in which SPIRASI operates is very important in deciding the general direction of the programmes. SPIRASI aims to be responsive to the evolving needs of its target group namely: asylum seekers, refugees, survivors of torture and vulnerable migrants.

Figure 2 Irish Migration Patterns 1995 – 2005



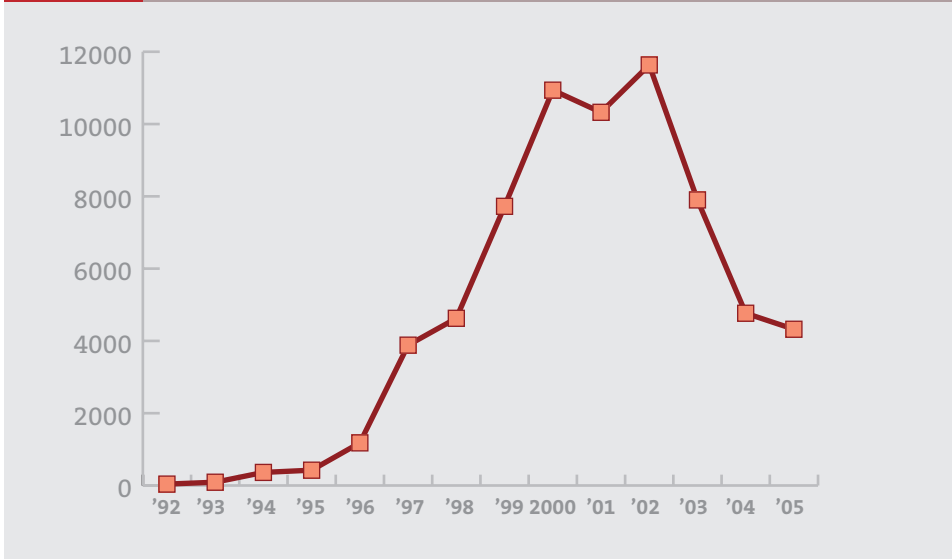
Immigration into Ireland has continued to be unstable up to 2005. The only real certainty with migration flows is that immigration will continue to be greater than emigration, and that emigration in itself seems to be on the decrease. However the impact of migration within the European Union seems to be dramatic with the new accession states that joined in May of 2004. It could be predicted that this will have a marked impact on immigration into Ireland in the coming years.

Table 1 Comparing Asylum Applications in the EU and Ireland

Year	UNHCR-EU	Ireland	% Change in Asylum Applications in EU	Asylum Applications in Ireland as % of EU Applications
2001	438,990	10,325		2.4%
2002	425,540	11,634	-3.1%	2.7%
2003	346,690	7,900	-18.5%	2.3%
2004	279,860	4,766	-19.3%	1.7%
2005	237,840	4,323	-15.0%	1.8%

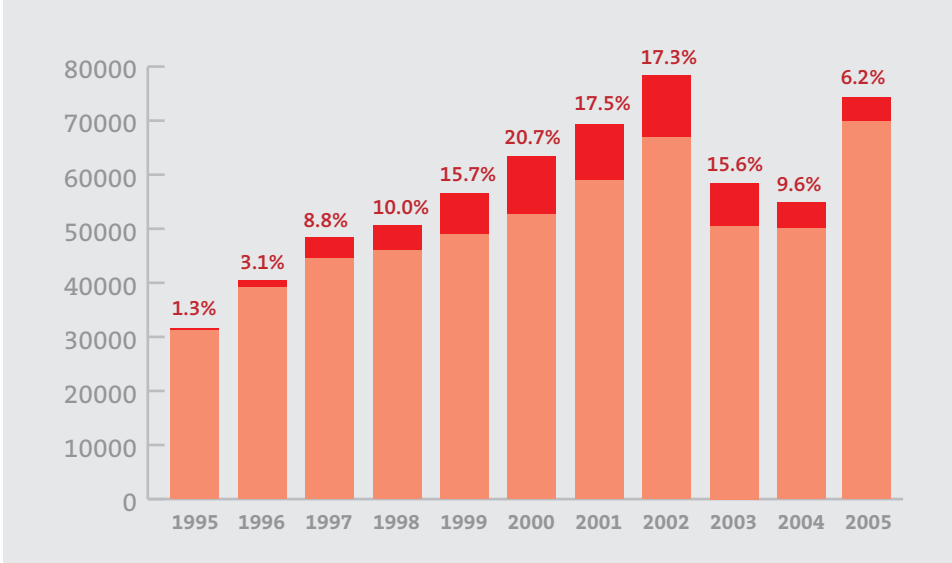
In relation to Asylum applications in the EU, there have been significant reductions since 2002, with an average decrease of 14% per year. On average Ireland receives 2.1% of all claims for asylum in the EU; however the reduction in asylum applications has been much steeper here since 2003 as can be seen in the following figure.

Figure 3 Applications for Asylum 1992 – 2005



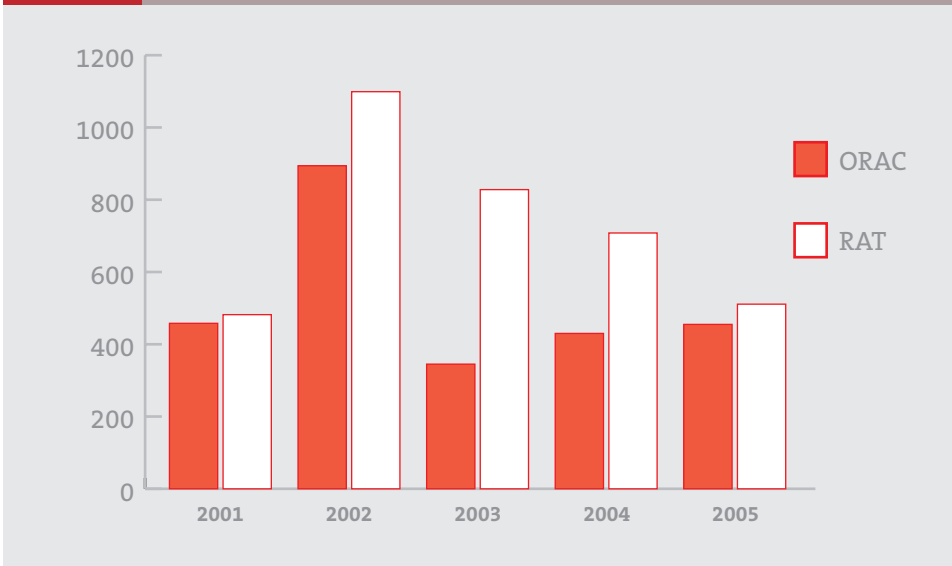
The total number of asylum applications in 2005 was 4,323, a 9.3% reduction on 2004, and a marked decrease from the peak of 11,634 applications in 2002. This has resulted in the ability of the Office of the Refugee Applications Commissioner (ORAC) to speed up asylum applications and clear the back logs left by the previous years. In total the percentage of asylum seeking in Ireland in relation to overall immigration has reduced in 2005, and with new accession

Figure 4 Asylum Seeking as a % of Overall Immigration to Ireland 1995 – 2005

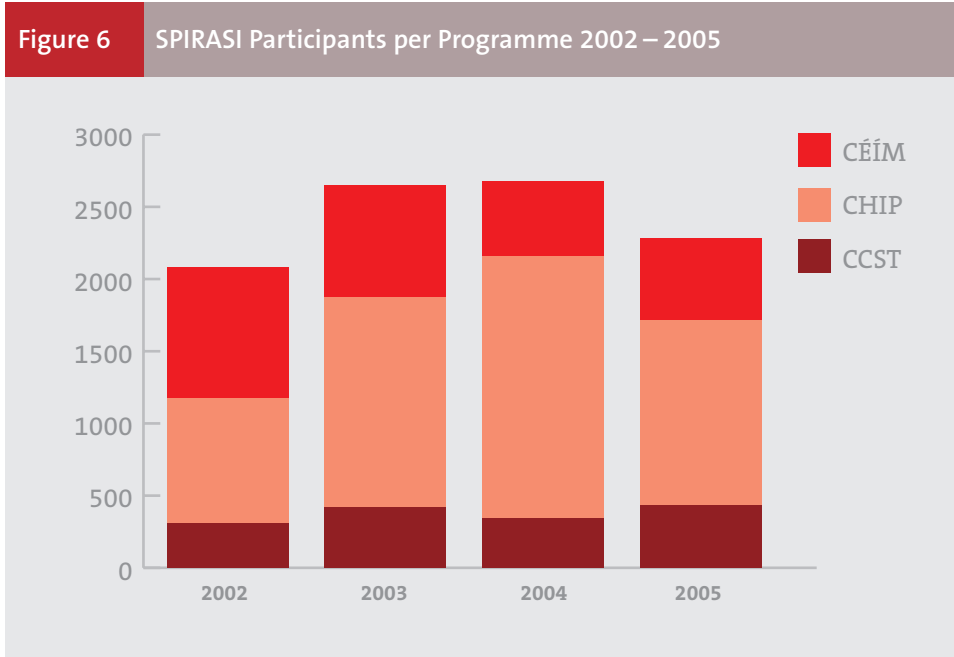


states it is expected that it will make less of an impact on the changing face of Ireland into the future. However the needs of asylum seekers and refugees will remain a challenge of society, especially for vulnerable asylum seekers such as survivors of torture.

Figure 5 Number of Positive Decisions at ORAC and RAT 2001 – 2005



The number of persons gaining refugee status during 2005 was 966. The Refugee Appeals Tribunal (RAT) made the majority of positive decisions, as has been the case since 2001 as can be seen by Figure 5.



The number of participants to SPIRASI services decreased overall by 17.1% in 2005. This was due to fewer participants in the Health Information sessions because of the closure of reception centres in Dublin and fewer asylum applicants. The intake for torture care services increased from 343 to 431; and the intake for CÉIM from 518 to 571. When taken against the background of reductions in asylum applicants, the primary target group for both services, this has been a significant development and demonstrates the continuing need for the services on offer at SPIRASI.

In terms of the overall political environment of 2005 the following events are worth noting:

- The launch of the National Action Plan Against Racism by the NCCRI; the national action plan is one of the first policies in Europe that sets out a government stance on reducing racism.
- Applications for temporary leave to remain by approximately 18,000 Parents of Irish Born Children as announced by the Minister for Justice Equality & Law Reform in December of 2004.
- Measures to speed up asylum applications were introduced by the Department of Justice Equality and Law Reform. This is especially in relation to applications from people who originated in so-called “safe countries”.
- The Irish Naturalisation and Immigration Service (INIS) was established, this body brings together ORAC, RAT, the Visa Section of the Department of Foreign Affairs, The Garda National Immigration Bureau and the Department of Enterprise, Trade and Employment (labour immigration policy generally and work permit issuance). It is intended that this will bring about a one-stop service for migrants to Ireland. Mr Pat Folan was appointed as the head of the new government organisation.
- A discussion document on a new Immigration and Residence legislation was published and submissions were invited. SPIRASI made a submission to the Department providing feedback on the proposals enshrined in the document.
- The Refugee Resettlement Quota for Ireland was raised from 50 to 200. This will see an increase in programme refugees coming to Ireland, and a firmer commitment from the state to assisting refugees internationally.
- The government announced that they have accepted EU Council Regulation (EC No. 377/2004) which will see the creation of an Immigration Liaison Network that is hoped to combat illegal immigration and trafficking through the sharing of information amongst immigration officials in the EU.
- A Child Protection Policy for Accommodation Centres and Infant Feeding Guidelines for Direct Provision Centres were launched by the RIA, HSE and DJELR.



3. Education and Integration

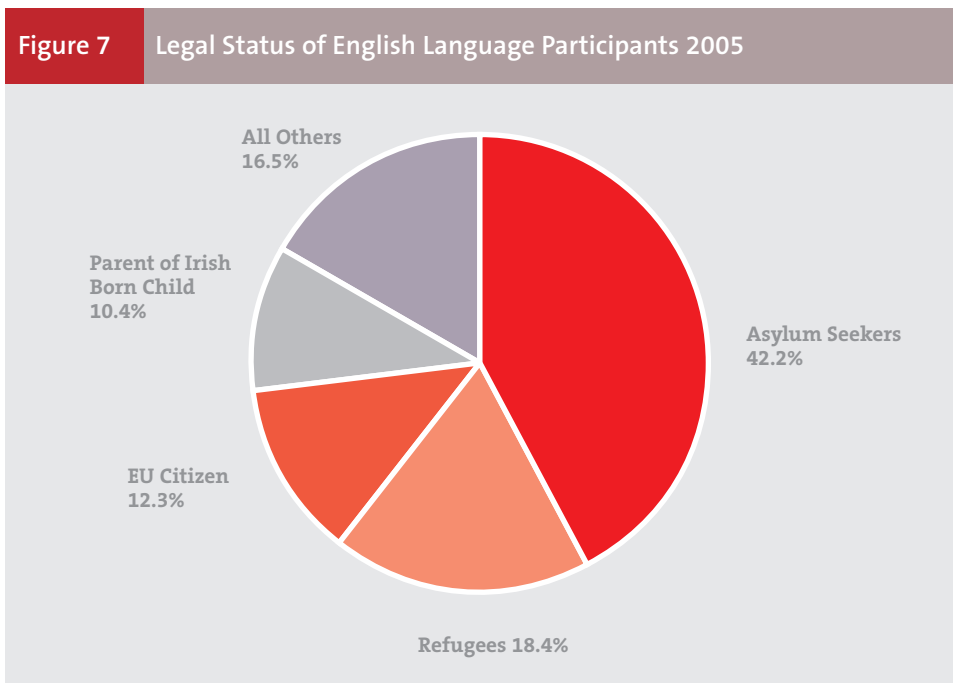
The Centre for the Education and Integration of Migrants, CÉIM, which means step in Irish, aims to provide specialist language, literacy, trans-cultural supports and IT education for those members of the refugee and migrant community who would otherwise have no access to this provision. 2005 was a significant year for CÉIM, the Holy Ghost Fathers and World Mercy Fund provided funding for a full-time manager for the service. Combined with the funding already given through the City of Dublin Vocational Education Committee (CDVEC) and FÁS, CÉIM was able to stabilise service provision and begin planning for an over-haul of activities for 2006.

The programme is organised into two services:

- English Language
- IT Training

3.1 English Language

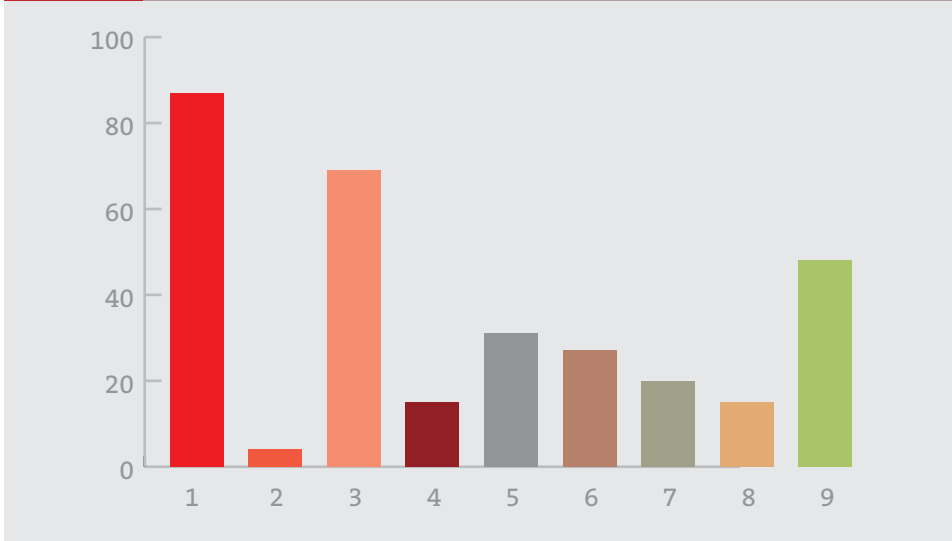
The English Language programme had 316 students in 2005 a 7.9% decrease in students from 2004. Of all of the students, 68.4% completed their respective courses and were presented with certificates at graduation. CÉIM continues to work with migrants regardless of their legal status, the majority of which are Asylum seekers. Very few English language courses are provided to asylum seekers and fewer still where there is no charge. CÉIM English students are means tested, and the most vulnerable are given priority.



The following English classes were offered at SPIRASI in 2005:

- | | |
|-------------------|-----------------------|
| 1. Beginner | 2. High Beginner |
| 3. Elementary | 4. Pre-Intermediate |
| 5. Intermediate | 6. Upper Intermediate |
| 7. IELTS | 8. Literacy |
| 9. FETAC Level 1. | |

Figure 8 Number of Students per Class 2005



As shown in Figure 8 the highest number of students attended the Beginner Classes.

The new ESOL coordinator, provided by the CDVEC, made significant improvements to services in the English Language classes during 2005. The assessments of students at the registration stage were much more thorough and efficient, and resulted in more appropriate placements of students in classes. The classes were more appropriately structured according to the students' ability levels. English language staff were re-trained and FETAC accreditation for students was in place by the end of the year. Several social events were also organised for students to enable integration, such as visits to the Chester Beatty and Glendalough, as well as the graduation ceremonies in July, attended by the South African Ambassador Melanie Verwoerd, and December during the client Christmas Party.

The English language teaching staff consisted of four paid VEC tutors each working eight hours per week, an ESOL Coordinator working fifteen paid VEC hours and two volunteer tutors working 6 hours each per week during 2005. In September a full-time Manager for CÉIM was hired and in November a FÁS Administrator was also added to the staff.

During the year the language department did not avail of the computer room. This is unfortunate as it is a valuable resource. A course that offers both language and computer literacy is being developed for 2006 which would improve



Melanie Verwoerd presenting Bienvenue Iyolo Ntende with his certificate at the CÉIM graduation

co-ordination between the English programme and the IT training programme. Other difficulties include the lack of childcare for single mothers who would otherwise benefit from services at the Centre.

There was a clear lack of direction for the programme, especially in the light of recent trends and developments with regard to migration in Ireland. A planning session was held late in 2005 with the involvement of all CÉIM staff to highlight the strategic direction and objectives for the programme in 2006.

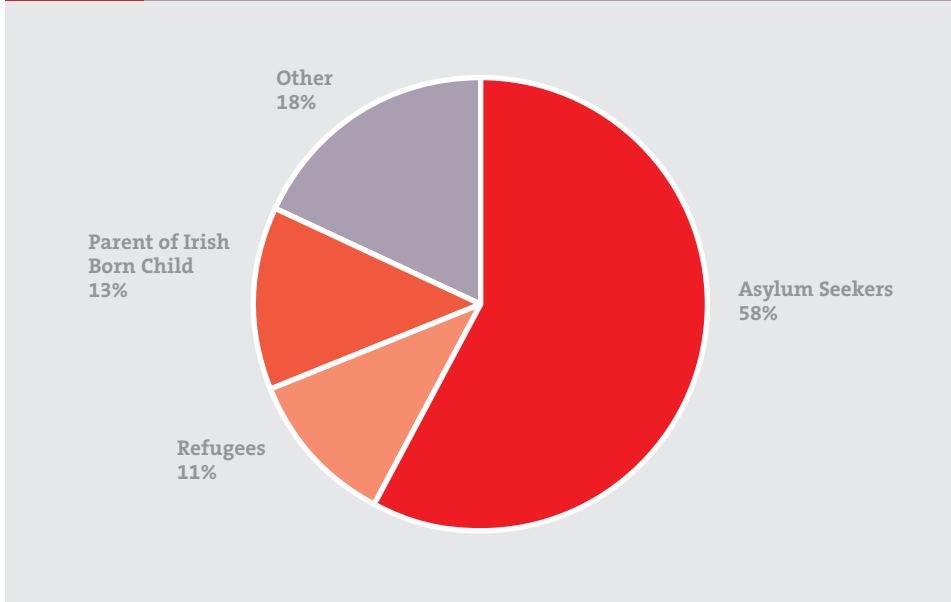
3.2 Information Technology Training

The IT programme of SPIRASI is held in the computer resource room which current houses 10 personal computers that were donated by Hewlett Packard. In 2005 the IT programme provided courses to 255 students, from basic computer literacy to web design. The service is wholly provided by volunteers with classes taking place during the day and in the evenings, and is in need of more formal resources to make a larger impact in SPIRASI and for participants.

The IT Training programme of SPIRASI assists mainly asylum seekers, representing some 58% of the clients. The IT training programme was advertised through the distribution of leaflets to reception centres during 2005, and may explain the uptake in services from this sector of the target group. The service is also being provided for parents of Irish born children, which accounted for 13% of students, and ties in with the need for IT skills in order to enter the job sector in Ireland. The need for childcare facilities for participants of the IT programme is very high, single mothers bring their children into class when they have no other suitable alternatives. This is neither beneficial for the mother nor fellow classmates but is better than the alternative of no classes.

Figure 9

Legal Status of IT Training Participants 2005



Management of information on the clients participating in the IT programme was significantly improved. During the year Memet Uludag, one of the volunteer IT teachers worked with the IT training coordinator, to make major improvements to the student database in use by the IT department. There were corresponding improvements in the information being collected using the client registration form, which was changed from the registration form currently in use by the English language department in order to avoid confusion during registration days. Volunteer teachers also received greater support and worked together in deciding on the course organisation; six meetings were held during the year with the volunteers for these discussions.

The IT coordinator has also fostered links with the ESOL coordinator to synchronise the semester calendars and events to improve the efficiency of the CÉIM programme overall. During the year several social events were organised for the students, which is seen as an important step toward integration and support. The groups visited Ardracken in February and Slane and Newgrange in October. Eight students also participated in football training from September but it proved difficult to maintain interest.

3.3 TEAM Project

The Training and Education Assistance and Mentoring (TEAM) project started in January and was completed in March 2005 with the production of a final report. The key aim of the project was to provide Resettled (Programme) Refugees with mechanisms necessary to find and enter into sustainable employment. The project was established after a successful tender was submitted to the MORE project. The TEAM project consisted of a full-time coordinator, working in conjunction with a small but proactive taskforce that could produce the necessary rapid results, considering the short time-frame.

As a pilot project, the activities of the Club pinpointed that the efforts of the members to move on to suitable employment are frustrated by three significant obstacles:

1. They do not have the knowledge of Irish society and the contacts which they need to get and keep jobs
2. They do not have pro-active and continuing support to guide and help them on their way
3. These difficulties are made worse for many by poor English language skills.

TEAM participants had gaps in the jigsaw of broad socio-cultural understanding that is required to function as members of society. These gaps point to a need to structure the way in which social literacy – knowledge about living and working in Ireland – is given to people who are coming to Ireland in their thirties and forties with little prior knowledge of the country. The evaluation, therefore, recommends that RIA should review how social literacy is currently provided so that recommendations can be made to improve and mainstream this.

The Programme Refugees who took part in this Job Club were in danger of becoming stuck in a rut of dependency. There was a sense of being alone; having passed through the reception and training phases of the resettlement process they were still without work or prospects of getting a job. Furthermore, they lacked a clearly defined support network or designated resource person to advise and guide them to independence. Therefore, it is recommended that the RIA work with other relevant agencies towards providing a one-stop-shop type of service, using key workers for the individual refugee and their family,

to assist Programme Refugees towards independence of the Social Welfare system. This recommendation is supplemented by the recommendation that the RIA accumulate in one place – an ‘Academic Recognition Centre’ – the know-how to pilot highly skilled Programme Refugees successfully to the recognition in Ireland of their professional qualifications.

English language skills have a central role in the resettlement process, with all Club members having been entitled to English language instruction for 20 hours per week over a period of a year. However, many of the participants had not actually completed their English language instruction and, from the start of the course, it was clear that many did not have the language proficiency required to find and keep employment, or indeed, to participate fully in the course without a language support teacher or translator. On that background, the outcomes of the language provision are unsatisfactory. Therefore, the evaluation recommends a review of English language instruction to find out how service provision can be improved, including participation in, and satisfactory completion of, English language instruction.

3.4 CÉIM Management Committee

The new CÉIM manager established a management committee and its first meeting took place on December 9th, 2005. Representatives from RIA, FÁS and a member of the migrant community were present. It is hoped that representatives from IBEC and the VEC will also join the management committee.

The purpose of this management committee is to advise and to share expertise with CÉIM. It will assist in the planning process for new initiatives being undertaken; and will support the implementation of CÉIM’s priorities; the management committee will put in place a framework for the monitoring and evaluation of CÉIM’s objectives; it will also promote the development of CÉIM as a specialist centre for the integration of refugees in Irish society.



4. Torture Care

The Centre for the Care of Survivors of Torture received 452 referrals in 2005. Of the total number of referrals, 431 survivors of torture were admitted, a 25.7% increase on admissions in 2004. Seen against the backdrop of continued reductions in overall asylum applications in Ireland, it seems that either there are higher concentrations of survivors of torture seeking protection in the state or there is an increased awareness of the service amongst general practitioners and other referral sources. In either case, the need for the service amongst the asylum seeking community remains robust.

2005 was a challenging year for the CCST. Unstable funding at the beginning of the year resulted in a temporary reduction of clinical services. This caused an increase in waiting times for clients, and therefore an increase in the frequency of emergency cases. This did not impact on clients awaiting medical legal reports for their asylum determination which continues to be seen as a priority for the Centre.

4.1 Remit Panel

Once clients have been referred to the service by General Practitioners or Solicitors, their case is reviewed by the CCST remit panel to determine if it falls with the definition of torture outlined in the United Nations Convention Against Torture (1984, section 1) and if the CCST is best placed to assist the person. The Remit Panel whose members include the CCST Senior Physician, the CCST Director and the CCST Manager, held 50 weekly meetings, during 2005, to establish whether referrals to the CCST are 'remit', 'non-remit' or 'more information required'. During the period 1st January to 31st of December 2005 the Remit Panel convened on 50 occasions. There were 452 referrals, of which 431 clients were considered to be within the remit of the CCST and were thus registered. There were 12 referrals that were considered non-remit and so

referred externally with 9 outstanding referrals requiring more information. See Table 2 below.

Decision	2004	2005
Remit	343	431
Non-remit	14	12
More Information Required	15	9
Total Decisions	382	452

Following a review of the remit panel in June, it was decided that the CCST would benefit from the collection of data and decisions made by the panel. A CCST Remit Panel Outcome Form to enable recording has been produced and allows the Centre to track clients and decisions.

4.2 Referrals to the CCST

In 2005, the CCST had a 25.66% increase in the rate of referrals for new clients. Between 2001 and 2005 there has been a marked decrease in the number of asylum applications processed by the Office of the Refugee Applications Commissioner (ORAC). However, CCST new referrals rate has consistently increased, with the exception of 2004 as shown in tables 3 and 4.

Year	Number of Registrations	% Change
2001	84	
2002	307	265.48%
2003	420	36.81%
2004	343	-18.33%
2005	431	25.66%

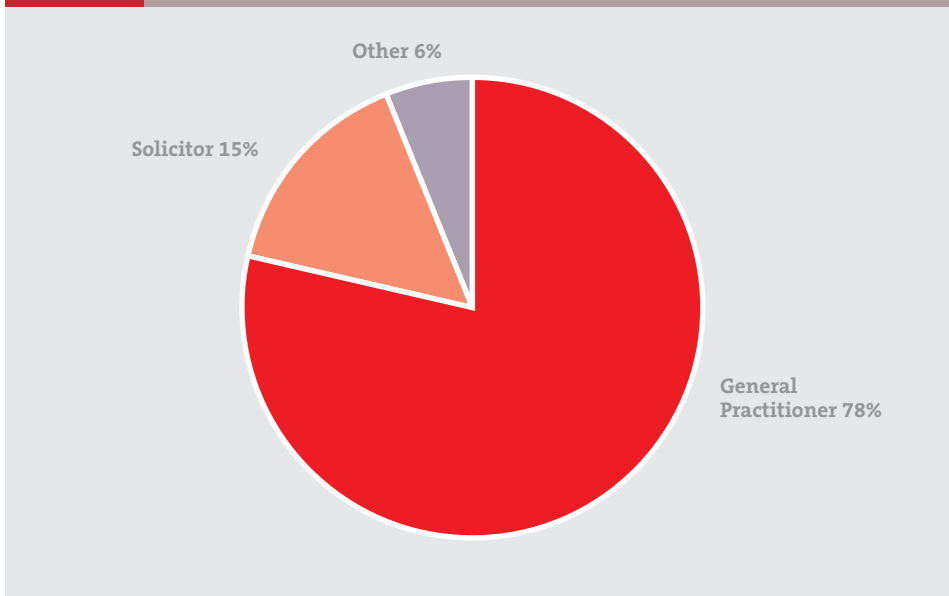
Table 4 ORAC 2001 – 2005 Asylum Applications

Year	Number of Applicants	% Change
2001	10,325	
2002	11,598	12.33%
2003	7,483	-35.48%
2004	4,766	-36.31%
2005	4,323	-9.3%

Altogether the CCST has provided holistic rehabilitative care for 1,585 individuals since 2001. While the statistics in the figure above would seem to suggest that the demand for the torture care services of the CCST might be reducing along with the reduction in the numbers of asylum seekers and refugees being allowed in to Ireland, the reality is that the client base of the CCST is rising accumulatively. This is due to several factors.

It is estimated that between 10% and 35% of those seeking refuge in European countries have suffered torture in their pre-migratory state (*Luton et al 1999*). As Ireland has received 63,448 asylum applications between 1992 and 2005 this would imply that between 6,344 and 22,206 survivors of torture have resided in Ireland during this period.

Figure 10 Sources of Referral to the CCST, 2005



Clients of CCST may be referred to the service by their legal advisor as a medical-legal report is required for the determination of their asylum application. In this case, the client in essence may not be prepared to fully engage in the rehabilitation process and thus obtain their Medical-Legal Report and yet wait for a significant period of time before voluntarily engaging with the CCST services for further assistance.

84 Medical legal reports were completed for clients during 2005. Moreover, the Director, the Senior Physician and the SDU (Strategy and Development Unit) Manager have participated in several unique multi-agency meetings during 2005 involving the CCST and senior officials from the Office of the Refugee Applications Commissioner (ORAC), Refugee Appeals Tribunal (RAT), and Refugee Legal Service (RLS) chaired by UNHCR Ireland with a view to producing agreed *'Guidelines on the Use and Interpretation of Medico-legal Reports in Determining Refugee Status'* in the Irish context. It is expected that the agreed guidelines will be formally published before June 2006.

4.3 Rehabilitation Services and Supports

The CCST aims to deliver services to its clients within an appropriate timeframe. In 2005 there was a sustained annual increase in service hours for most services. At the beginning of the year the CCST was faced with financial uncertainty at the beginning of the year and had to decrease service provision this has impacted most on the average number of medical assessment hours from 96 per month in 2004 to 79 in 2005.

Service	2004	2005
Medical Assessments	96	79
Counselling Sessions	54	60
Complementary Therapies	21	41
Psychosocial Outreach	20	22

Address by Monica Chambers Hall
to survivors of torture, June 26,
2005 at SPIRASI



4.4 United Nations Day in Support of Victims of Torture Celebrations

On the 25th of June, in association with the United Nations Day in Support of Victims of Torture, 26th of June, the Centre for the Care of Survivors of Torture (CCST) hosted an intercultural event for our clients to celebrate their achievements and to recognise the occurrence of torture worldwide. The event had three main objectives: **i)** To give the clients supervised and supported space to reflect over their experiences, which would assist them in their healing process; **ii)** To evaluate and develop the services of the CCST by analysing the response to questionnaires handed out on the day; and **iii)** To give the clients and their families an opportunity to socialise and mix with other clients from the centre which would also act as a source of support. In the afternoon lunch was served followed by music and dance from various parts of the world. There were 150 guests in total, 50 clients plus friends and family of the clients and staff of the centre.

4.5 New Services in 2005

New services that have been introduced in 2005 include the introduction of a women's group. In May, a needs assessment was conducted to ascertain whether there was a specific client requirement for a women's group. It was proven that there was an immediate need for such a service and so a meeting was convened with clients and therapists on 23rd June 2005 to discuss the needs assessment and to share the proposed activities with the group.

As a result the women's group met on a weekly basis for eight weeks during July and August 2005. The group activities included relaxation exercises, movement to music, capacitar exercises, drawing, sewing, knitting and clay-work. The outcomes proved to be containment, safe space, skills development in anxiety and stress management and developing ability to manage the present.

During the first half of 2005 a men's group was also initiated. A review of the Men's Group Therapy took place in July. On reviewing the progress of the group (at a clinical meeting with all the therapists) when the group had completed

11 sessions, it was considered important to further build the group. Eleven men were on the waiting list for individual therapy. The picture of attendance thus far seems to fluctuate for various reasons such as travel problems and work commitments). This appears to be the nature of the work with this client group and reflects something of how life is for the clients themselves.

The CCST is committed to the implementation of evaluation indicators for measurement, monitoring and evaluating of clients' psychosocial well-being. Although the Clinical Outcomes in Routine Evaluation (CORE) have not yet been utilised by the Centre, there have been significant steps taken to implement this method of indicator assessment in January 2006.

The counsellors at the CCST have consulted and received training from Damien Davy, former chairperson of the Irish Association for Counselling and Psychotherapy (IACP). Mr. Davy is currently working on a doctorate on the outcomes of therapy. His study is both qualitative and quantitative. The counsellors at the Centre have agreed with Mr. Davy that while the CCST would provide him an opportunity to implement CORE, the Centre would also benefit from piloting the CORE in conjunction with Mr. Davy. It has been agreed that the collaboration between Mr. Davy and the CCST would provide material for Mr. Davy's study while in conjunction furnish the Centre with full analysis of the data retrieved during the 12 month pilot project period.

4.6 Survivors of Torture 2005

The overall picture of survivors of torture in 2005 showed that the CCST is starting to come into line with research that suggests that between 10 and 35% (*Loutan et al 1999*) of asylum applicants have experienced torture, as can be seen in Figure 11.

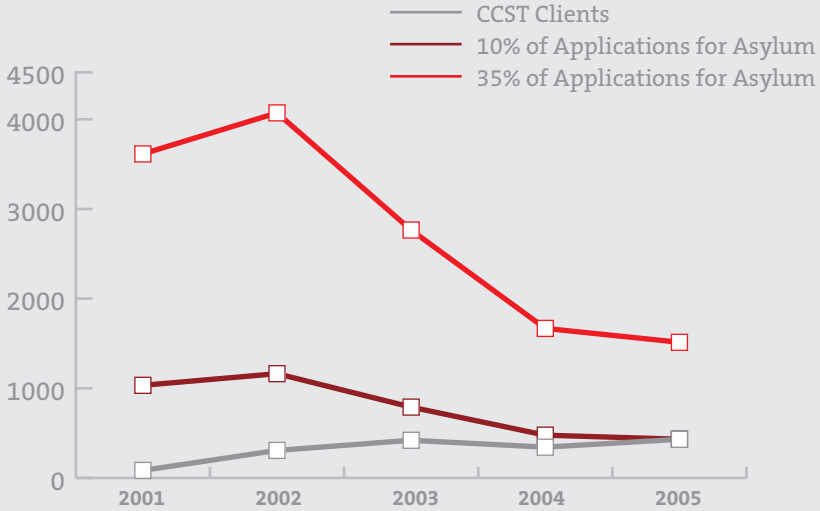
The top five countries of origin during 2005 are:

1. Somalia (23%)
2. Democratic Republic of Congo (11%)
3. Afghanistan (9%)
4. Iran (5%)
5. Sudan (5%)

The majority of clients, 69%, come from African countries, as has been the experience of the Centre since 2001.

Figure 11

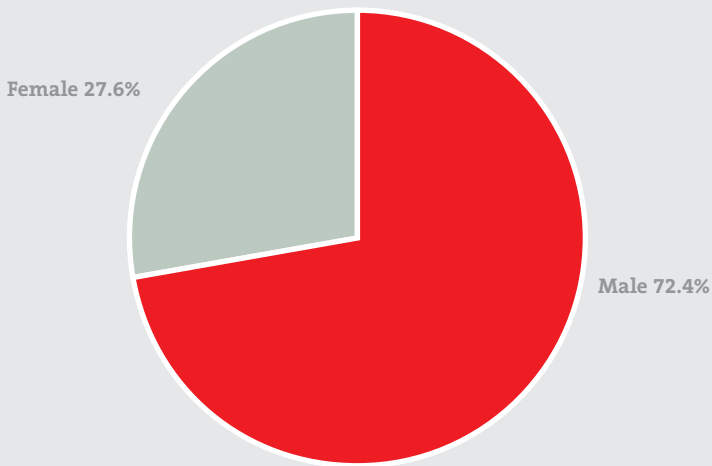
**CCST Client Admissions in Comparison to Asylum Applications
2001 – 2005**



In addition the gender profile of clients remains skewed toward male clients accounting for 72.4% of overall referrals in 2005. This is greater than the average number of asylum applicants which is at 64% at ORAC. This is however consistent with international experience. The majority of referrals are asylum seekers which represent 85% of all referrals to the Centre.

Figure 12

Gender of CCST Referrals 2005





5. Health Information & Promotion

In 2005 the Centre for Health Information and Promotion (CHIP) began its third year of operations. The partnership formed between SPIRASI, the Health Service Executive in Dublin North East (HSE-DNE) and the Reception and Integration Agency (RIA) continues to guide the Centre and in particular the work of the HIP team. The management committee offers strategic advice as well as approval of all extension activities.

CHIP's partnership with the HSE-DNE successfully developed throughout 2005 with the expansion of the programme to include the preparatory work in connection with improving access to health care in Roselawn Health Centre (Dublin 15).

A new partnership was established between the HSE-Mid West and SPIRASI's Centre for Health Information and Promotion in order to develop the Volunteer Peer Education initiative in Limerick. CHIP, in partnership with Community Action Network and Redacteur initiated work on the compilation of a training resource pack. This project was made possible by the funding of Comhairle.

Partnerships were maintained and developed with the Health Promotion Service of the HSE in Park House. The HIP team was involved in the reviewing and development of materials for the Health Promotion Unit and providing valuable input into the *'Being Well'* training. The *'Being Well'* Training was designed primarily for Irish participants and adaptations were required so that it could be relevant to new communities in Ireland within the SPIRASI organisation, the CHIP information officers provide information to colleagues in the other departments on a regular basis.

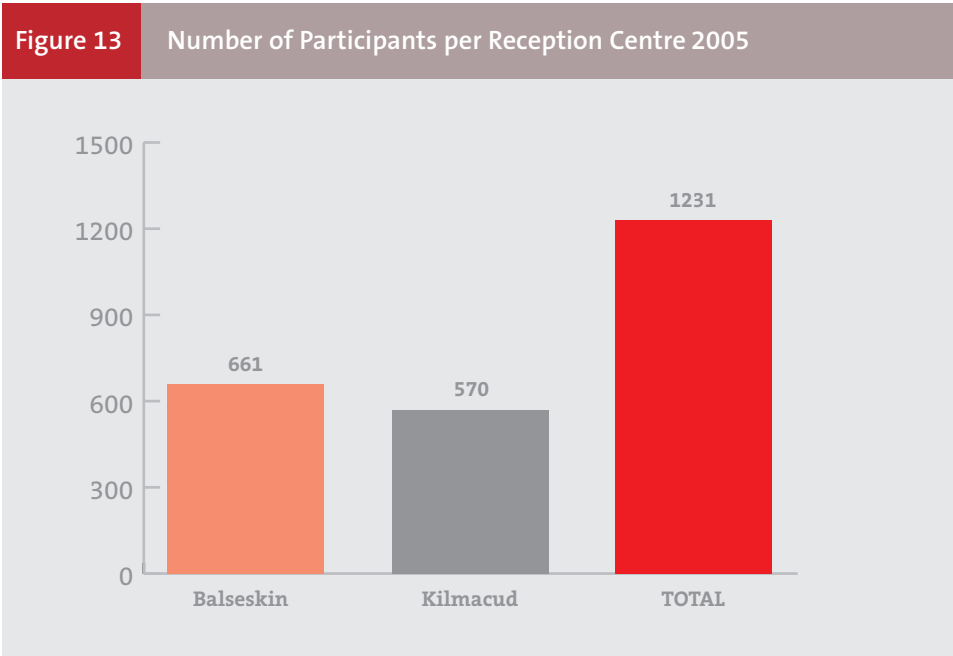
5.1 Work in Reception Centres

“(W)hen I came here I was lost...meeting the (CHIP) team was a key factor for me. They explained everything we needed for health”

Alpha Sylla, 2006

Alpha arrived from Guinea and sought asylum in Ireland; he was subsequently given refugee status. He attended the CHIP sessions in August of 2005.

In 2005 CHIP provided 1,231 recent arrivals with information to enable them to access appropriate statutory health services. Within the CHIP team there is a strong emphasis on the quality of peer-led information. The dedicated outreach team is comprised of members of staff who have come through the asylum process and have a strong commitment to making positive changes in the lives of those newly arrived in Ireland.



CHIP has designed an effective programme for delivering health information to asylum seekers across a range of nationalities, languages and cultures. CHIP’s contribution to successfully delivering easy-to-use essential information and

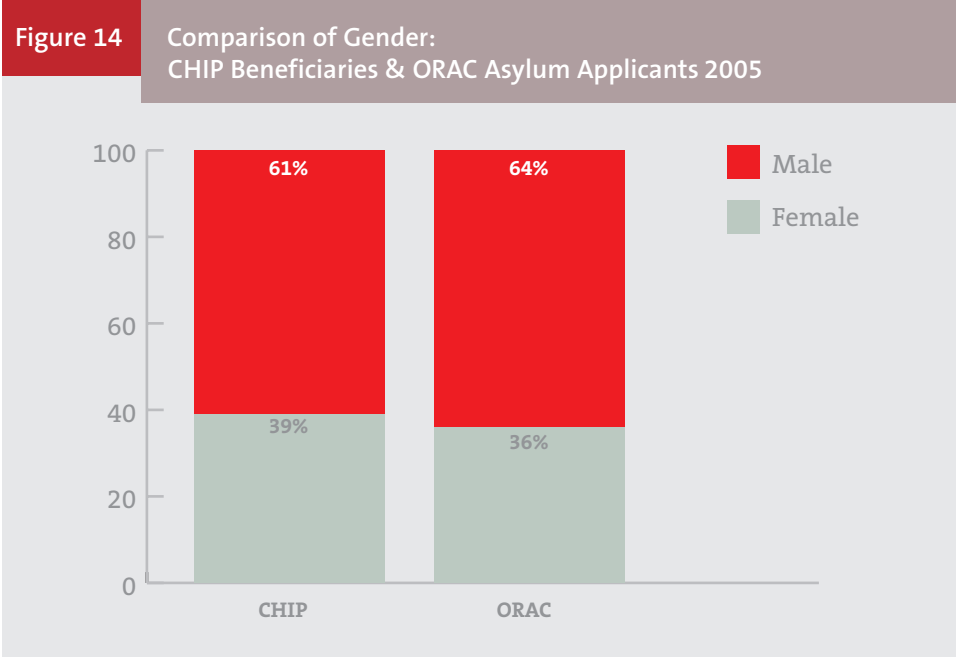
facts for asylum seekers on how to use the health services has been widely acknowledged by partners in the local health services. The information workshops were implemented in Reception Centres based in the Dublin area namely, Kilmacud House and Baleskin Reception Centre.

The five main Nationalities seen by the CHIP team in reception centres during 2005 were:

- 1. Nigeria
- 2. Somalia
- 3. Sudan
- 4. Democratic Republic of Congo
- 5. Iran

This is reflected in the top stated nationalities seeking asylum at ORAC, namely: Nigeria, Romania, Somalia, Sudan and Iran.

39% of beneficiaries of the CHIP sessions were female in 2005. In comparison to the number of Asylum Applicants at ORAC the team saw a slightly higher percentage. This is due to the willingness of females to participate in the sessions and the targeting of women’s health issues by the team, which is seen as a priority.



In total the CHIP team saw lower numbers of people in 2005 and a lower percentage of asylum applicants. This has been largely due to the closure of Parnell West and the reduction in asylum seeking overall since the service began in 2003. Additionally the expansion of the programme into new areas has shifted focus away from normal activities.

Table 6 Comparison ofCHIP Beneficiaries & Asylum Applicants 2003 – 2005

Year	2003	2004	2005
CHIP Beneficiaries	1427	1806	1231
% Change CHIP Beneficiaries	n/a	27%	-32%
% Coverage of Asylum Applicants	18%	38%	28%
Number of Asylum Applicants	7900	4766	4323
% Change Asylum Applicants	-32%	-40%	-9%

5.2 Integration Information Sessions

During the work of CHIP at reception centres it was identified that few supports exist for asylum seekers who have received refugee status. Coming out of the direct provision setting people do not have sufficient information to enable them to access services. The sessions were devised to provide information and advice on topics such as welfare, status, entitlements and rights, employment, health, legal matters, housing and education. Consequently, eight information sessions were provided to 32 participants, with a 90% attendance rate of participants. Due to the success of the sessions, CHIP will aim to continue with this work in the coming year.



CHIP Health Information Session

5.3 Health Centres

Early in 2005 the Health Services Executive identified the need to research the health needs of the growing population of new communities, including refugees and migrants, in the Dublin 15 Area and approached CHIP to complete a scoping exercise. Balanced with the need to diversify the activities of CHIP, it was decided by the steering committee of the project to pursue the project. Roselawn Health Centre (RHC) was selected for this work due to its proximity within the community and the high number of new communities accessing services.

The goals of the project were to:

- a) To increase the participation of minority ethnic clients by improving their access to, and experience of, the primary care services within RHC
- b) Identify barriers to access and begin to eliminate them by establishing a community participation model at the centre
- c) Increase the capacity of service providers to interact more effectively with clients from diverse ethnic backgrounds

Essentially the project identified that improving health access needs to occur on both the level of the service user and the service provider and that by only addressing one component that the project would only address half of the issue. The peer-led methodology of the CHIP team was also reflected in the project through the use of participatory model in the scoping exercise. Tangibly the project activities sought to:

- Identify the issues affecting access to services by minority ethnic groups.
- Identify the problems staff face when interacting with new community members.
- Recommend an adaptive and inclusive strategy for future activities in the centre.
- Short-term activities with staff to provide information and create awareness around cultural issues.
- Produce a scoping report with an action plan for future activities.

The outcomes of the exercise were very positive. In the scoping exercise report it was concluded that there was an increased awareness among service providers of the experiences of minority ethnic clients in accessing RHC's services. An

unexpected outcome was that the interaction of staff within the centre improved and their ability to share experiences and good practice increased. In general the specialist nature of staff in health centres and separate reporting arrangements lead to an overall lack of communication. The scoping exercise showed the benefit that joint meetings to discuss common issues can lead to better service provision overall.

The Scoping Report outlined recommendations for short and long term activities.

The Short-term activities identified were:

- Information seminars/workshops on key issues as identified by staff
- Preparation of a step by step directory of services for clients of RHC

The long-term activities that were identified were:

- Improved capacity of service users to navigate the centre:
- Development of signage at RHC using visual images and translated written information
- Information sessions prepared with clients based on their needs
- Establish client/staff committee to identify future issues/activities
- Provide anti-racism training for staff
- Provide cultural competency development for staff.

The CHIP team hope to follow-up on the recommendations and activities in 2006, given that funding will be secured to implement the next stage of the project.

5.4 Limerick Volunteer Peer Educators Initiative

In the latter part of 2004, the Health Service Executive Mid West and SPIRASI's Centre for Health Information and Promotion (CHIP) entered into discussions regarding the establishment of a peer-led health information programme in Limerick similar to the Health Information Programme being implemented in Dublin.

It was agreed that CHIP would offer training, support and planning assistance to Doras Luimni, a Limerick based voluntary agency providing support to asylum seekers and refugees. The expected outcome of this training programme would be the establishment of a Health Information Programme in Limerick.

CHIP agreed to provide the peer educator training to volunteers recruited by Doras Luimni. The identified group of volunteers, through the training on offer, would be enabled to provide information and support to asylum seekers living in accommodation centres and in line with the needs of the implementing agency, Doras Luimni.

In 2005, the following activities were implemented.

- Planning and observation activities occurred with Doras Luimni and the HSE Coordinator to familiarise the Limerick based agencies with the HIP programme and the expected outcomes of the Limerick Initiative.
- Regular meetings and discussions with HSE Coordinator were held to discuss progress of the training and logistical requirements for activities in Limerick;
- In order to facilitate the recruitment of volunteers, CHIP designed: screening criteria, a job description and registration forms.
- Training of ten volunteers recruited by Doras Luimni occurred from May to July 2005.
- A steering committee was established and met monthly from July to November 2005.
- A Service Level agreement was developed.
- Review of information and development of presentations occurred throughout August.
- Practice sessions were implemented from September to October.

The results of the above activities were as follows:

- Agreement was reached regarding the roles and responsibilities of the HSE Coordinator and CHIP. A strong working relationship/partnership has been formed between HSE and CHIP which has enabled each to work well together.
- All of the basic skills training components were completed with four volunteers considered to have the potential to achieve peer educator status. These volunteers will need to complete additional identified modules. In

addition they will require support and mentoring from CHIP until they gain the confidence to provide the service on their own for DL. It is proposed that these activities will occur in 2006.

- Several participants require further training in the basic skills component but will first need additional skills in English to be able to participate fully.

Successes of the initiative:

- The trainers demonstrated their competency and adapted their methodologies according to the trainees' learning needs.
- Topic preparations were detailed and ensured all relevant skills/information was included.
- Appropriate handouts were provided for each session.
- Sharing of roles amongst the trainers enhanced the skills of the team.
- Informative guest speakers provided useful information and contacts for the trainees.

5.5 Mediation Service

The CHIP team has developed skills in the provision of a mediation service in direct provision centres. Where misunderstandings arise between residents and service providers, CHIP officers are regularly called upon to facilitate a resolution. Approximately 4 cases per month arise.

5.6 Development of materials

An important element of CHIP's health information and promotion work in the Direct Provision Centres has been the development of original materials to complement and enhance the information sessions.

During 2005, CHIP was actively involved in the development of appropriate health promotion materials for ethnic minority populations. In September 2005 the HSE launched their booklet "*Medical Translations; Assisting Consultations in Primary Health Care*" to which CHIP made an important contribution.

Valuable input was also provided in the development of dental health brochures, which will be launched in the coming year. The Reception and Integration Agency (RIA) identified the need to address child protection issues and infant feeding.

CHIP provided close support and participated in the development of the materials for both publications. These were launched in November at Farmleigh House by the Minister for Justice Equality and Law Reform. It is hoped that the developed guidelines will assist asylum seekers and their children residing in direct provision centres.

5.7 Asylum Seeker and Refugee Support Services

The Asylum Seeker and Refugee Counselling Support Services (ARCSS) project was established in 2003 in partnership with the HSE-North East Area to provide counselling and psychosocial support to asylum seekers based in the Mosney direct provision centre. CHIP represents SPIRASI on the steering committee and advice and support is provided to the ARCSS project worker by CHIP on an ongoing basis.

CHIP provided special interim support to the ARCSS project pending the recruitment and selection of a new project worker during the final quarter of 2005.

5.8 Future Development

CHIP has developed a professional peer-led health information and promotion service which is an important source of accurate and appropriate information for asylum seekers arriving and awaiting a decision on their asylum application in Ireland. Having established an important connection with clients upon their arrival – which in many cases is maintained throughout the process of their asylum claim – CHIP has gained their trust and respect and is ideally placed to help in the provision of transitional supports in the integration process.

CHIP's transition from provider of health information at the reception phase of the asylum process to the provision of support to the wider ethnic minority population reflects the changing demographics in Ireland. A major challenge for CHIP is to develop new initiatives which will help the asylum seeking population make a successful transition from direct provision to community life in Ireland.



6. Central Operations

The Central Operations of SPIRASI comprise of the Board of Directors, Management Team Central Services Unit, Strategy and Development Unit and the Finance Department.

6.1 Board of Directors and SPIRASI Management Team

The governance and leadership of the organisation through the office of the director aims to ensure that the organisation is effective and accountable as well as ensuring that the Board of Directors have the information that is required to govern the organisation. In 2005 formal links were forged with the trustees of the organisation, the Irish Holy Ghost Provincialate, to enable greater effectiveness of governance. Additionally the trustees and Board have begun a review of the legal status of SPIRASI, which is currently an unincorporated organisation governed by a constitution. It is expected that in the coming years SPIRASI will incorporate and make an application for its own charity number. One of the major challenges for the organisation, and one in which the trustees and board have been involved during 2005 is the restructuring and stabilisation of the Centre for the Education and Integration of Migrants.

The Board of Directors¹ met 4 times in 2005. As SPIRASI moves out of the initial developmental phase, it is expected that the board will be seeking to add new members.

The SPIRASI management team comprises of the Director and the CCST, CHIP and CÉIM managers as well as the SDU manager. The team met 35 times during 2005 to discuss and deliberate on the operational and financial management of SPIRASI. The management team forms the vital function of implementing the mission statement of the organisation, as well as the filtering of information and communication within SPIRASI.

During 2005 the logical framework planning process was introduced into SPIRASI as it represents international best-practice for project and programme planning. Logframes offer built-in accountability through the identification of verifiable indicators for delivery of services identified through the setting of

¹Board members for 2005 included: Fr Patrick Roe, Dr Mohammed Al Sader, Prof Michael Murphy, Ms Fionula Gilsean, Mr Chinedu Onyejelem, Ms Anne Spollen, Mr Killian McMorrow and Fr Michael Begley.



Spiritan House

objectives. Logframe planning training has been completed and the approach will become operational in 2006. The annual review and planning days were also held in December to give all staff the ability to learn about the developments across SPIRASI as well as to reflect on the past year in their own areas.

In terms of human resource management, SPIRASI has introduced salary grades that account for experience, length of service and makes provision for measured progression. These have been benchmarked against the salary scales currently in use by the civil service and Health Services Executive, and takes into account cost of living increases including Sustaining Progress. Several new staff have been recruited. A new Assistant Director is expected to start in the New Year and new managers for CÉIM, CHIP and CCST have been sourced amongst many other placements.

6.2 Central Services Unit

The Central Services Unit of SPIRASI provided risk management and meeting of the statutory requirements of the organisation, without which it could not function. Additionally those functions which are best placed centrally to increase efficiency, such as reception services, plant maintenance and development, and the coordination of SPIRASI's volunteer corps.

In 2005 the central services team have successfully met all statutory health and safety requirements, including insurance and fire safety checks. The health and safety policy of the organisation developed in 2004 has been fully implemented. There are a number of first-aiders and fire wardens appointed

throughout the building. The development of central procedures to minimise risk have also been introduced and the flowing forms have been developed through the CSU:

- File form for Keys
- Room booking external requisition form
- Incident Report Form
- Critical Incident form
- Plant Maintenance and development requisition form

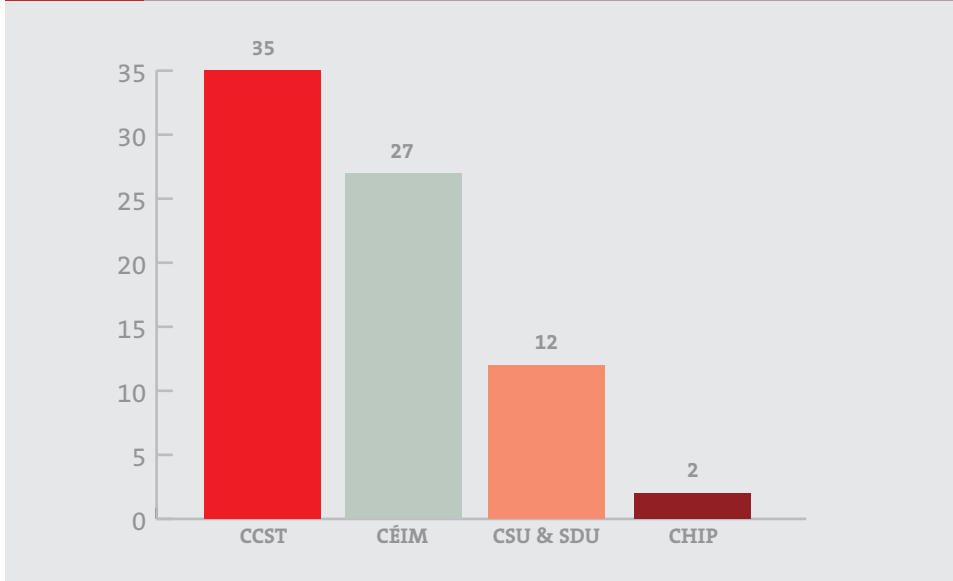
Plant maintenance and development is another focus of the CSU due to its impact on the overall welfare of employees, the need for appropriate infrastructure, the maintenance of Spiritan House and the requirements and benefits of ensuring correct health and safety standards. In 2005 the following maintenance was carried out by the CSU:

- Portacabin Number 2 was refurbished and upgraded so that it could be used as clinic space by the CCST.
- Fire safety and equipment checks were carried out throughout the building and the fire alarm system was maintained.
- All the lights in the building were maintained and improved.
- Cleaning services were provided throughout the year to all programmes.

The development of services in SPIRASI has resulted in serious spatial restrictions; the building on the North Circular Road is near full occupancy. It would be beneficial for the organisation to construct further facilities that may accommodate such things as child-care facilities, improved disability access, further offices, staff room and archiving space and needs to be prioritised in the future.

Reception is the first point of contact for SPIRASI for telephone and personal callers. It provides general information and offers administrative support to all the staff at SPIRASI. The objectives of reception are to: provide a quality reception service for clients and visitors to SPIRASI, deal with queries as appropriate and to match queries with the relevant section of SPIRASI and assist in the administration work as appropriate, for instance, coordination FÁS LTI scheme, and coordination of interpreting with CCST. There have been on-going challenges in the provision of receptionists during evening hours.

The contribution of volunteers to SPIRASI is not only of great financial value to SPIRASI but brings in needed expertise and learning. There were 76 volunteers working within the organisation during 2005. The majority of whom were

Figure 15**SPIRASI Volunteer Distribution per Section 2005**

working with the Centre for the Care of Survivors of Torture providing outreach support to survivors of torture who cannot leave their places of residence.

The volunteer department is the first point of contact for volunteers. It develops and implements the volunteer programme including the recruiting, screening, placing and supporting volunteers to ensure high quality client-services in keeping with SPIRASI ethos and values. The volunteer committee met seven times during the year to discuss the development of the resource and provide support to the volunteer's coordinator. There were also four induction and training sessions provided throughout the year for all volunteers.

Volunteers, of which 62% are Irish nationals, have provided on average 100 hours of service to the organisation each week during 2005, a vital resource for SPIRASI and its clients.

6.3 Strategy and Development

The Strategy and Development Unit was formed in October 2004 and began its first full year of operations in 2005. The goal of the unit is to facilitate the sustainability, efficiency and effectiveness of SPIRASI and support the delivery of professional high standard health and education services to refuge seekers.

The Unit is responsible for the following functions within the organisation:

1. Fundraising
2. Reporting
3. Communications and Public Relations
4. Information
5. Accounts and Financial Management

The decision to form the unit came out of a need to centralise the strategy and development functions that were embedded in the various programmes of the organisation. The SDU can take advantage of organisational synergies as well as focus on the development of SPIRASI from a more central perspective. The various skills and capacities of strategy and development staff can also be spread throughout the organisation from the SDU.

6.3.1 Fundraising

The total income for SPIRASI in 2005 was €810,308; the amount of income due to fundraising was €709,723, not including income generation activities and contributions in kind. This represented 87.6% of the total income of the organisation. Of that, the organisation secured 62.6% of the total income from government sources. It is expected that mainstream funding will provide the bedrock of the organisation's income going into the future.

The SDU concentrated on multi-annual grants fundraising for 2005, as this reflected the strength of the team in this area and historically has proven to be the most successful form of income generation for the organisation. An application to the European Initiative for Democracy and Human Rights was the most successful application made during the year and brought in €704,000 for the Centre for the care of Survivors of Torture for 2006 and 2007. This move away from the annual support of the European Refugee Fund was also very timely for the CCST, as there were significant delays in the re-formulation of the fund by the European Commission. However it is hoped that the application to the reformulated ERFII to support CÉIM and CHIP will be successful in the coming year.

The unit also completed applications to the:

- Family Support Agency
- United Nations Voluntary Fund for Victims of Torture
- Reception and Integration Agency
- Holy Ghost Fathers Provincialate
- Department of Community Rural and Gaeltacht Affairs

- Dublin City Council Arts Funding
- Dublin City Council Supporting Volunteering

In terms of corporate sponsors, the Electricity Supply Board (ESB), Johnson and Johnson and Bank of Ireland supported calls for support for the Centre for the Care of Survivors of Torture psycho-social outreach programme. Additionally Irish Life made contributions to the IT Training programme within CÉIM. Two main fundraising events during the year included the Women's Mini Marathon and the Comedy Night organised in conjunction with Aidan Bishop in the International Bar on the 7th of July 2005.

In 2006 the SDU will aim to formalise the fundraising strategy of the organisation in order to provide the appropriate direction in this area. It is hoped that there will be a consolidation of the grant environment of SPIRASI, through the success of multi-annual grant applications. The diversification of the SDU into other organisational concerns such as childcare and disability access is another priority.

6.3.2 Reporting

The SDU consults extensively with the various programmes in order to liaise and report to donors with high quality, accurate and information rich reports. SPIRASI has a good record in submitting reports – both narrative and financial – in a timely and efficient manner to its donors, and it is a high priority of the unit to maintain this high standard of reporting and thus the good relations that have been fostered with funders.

The Unit completed numerous reports for donors during 2005, including reports for the European Refugee Fund, Reception and Integration Agency, Health Services Executive and the United Nations Voluntary Fund for Victims of Torture. Other reports that were produced include the client feedback reports based on client focus groups and surveys for the CCST and CÉIM programmes.

In the coming year the SDU hopes to introduce clearer and standardised reporting procedures and documentation of results from services in order to streamline the reporting process.

6.3.3 Communications and Public Relations

The SDU has the responsibility of fostering sensitive and substantive relations with both media and stakeholders. As the public face of the organisation the SDU have prioritised the SPIRASI and CCST websites as primary areas of concern. Firstly the SPIRASI website was inadequate both technically and in content to promote the work of the organisation. Secondly the existence of two websites, one for SPIRASI and another for the CCST, is inefficient and creates a divisive picture for the organisation and should therefore be merged back into a single website. The new website for SPIRASI is expected to be launched in mid 2006.

The other area of concern for the unit was the idea of corporate identity, or the brand of SPIRASI. The first and most noticeable aspect of the brand was the variety of different promotional material and information leaflets or brochures that were being produced with different design, quality and content controls. The SDU produced a SPIRASI brochure that brought together information on and about the different services, as well as making revisions to the existing brochures of the services on offer. The organisation needs to go much further in deciding on a corporate image that is suitable and competitive with other market brands including and not limited to those organisations that are market leaders in the charity sector.

The decision by SPIRASI staff to move away from direct interviews of SPIRASI clients with the media, in order to protect vulnerable clients and not place a burden on them, has caused a major shift in the ability of the unit to interact with media. To a large extent, the unit had relied in the past on human interest pieces to generate stories and therefore attention to the work of the organisation. This shift has generated the need for a different strategy and with input from staff on a discussion day, this will most likely result from a move toward evidence based reports that highlight areas of concern to generate coverage.

6.3.4 Information

The SDU is responsible for the management of information internally and externally of SPIRASI. This includes the collation and analysis of statistics from the data collected at the programme level. These results are then triangulated with responses from clients at focus groups to form client feedback reports. Statistics and client feedback form the backbone of the reporting requirements that are laid down by donors, and inform managers of the trends and directions that may impact on programme delivery.

The SDU have begun work on the centralisation of external reports and documents that are received. A database of information resources has been established and a library of material is currently housed in the offices of the SDU. It is hoped that it will be possible to begin centralising all of the information resources currently within SPIRASI, and that this centralised database will go live in 2006 for use by all staff. For 2006 the SDU would like to encourage the publication of research and information material from SPIRASI programmes and staff.

One of the major challenges for SPIRASI has been the lack of a common coherent database system for keeping track of services delivered to the clients. The rapid development of SPIRASI since 1999 and the growing complexity and depth of service delivery has resulted in the development of parallel programme specific databases, some of which are fast becoming obsolete. The SDU have tried to initiate work through the use of volunteers to design and deliver a more robust, inclusive and suitably flexible alternative in 2005 however this has proved challenging.

6.3.5 Accounts and Financial Management

The SDU maintain true and accurate accounts of all SPIRASI finances and transactions and provide assistance to SPIRASI projects in devising and managing budgets. In 2005 the SDU introduced activity based budgeting procedures and quarterly cash flow analyses into the financial management system of SPIRASI. Significantly the department facilitated two sets of fully audited accounts, moving the organisation from a financial year ending in July to a financial year coinciding with the calendar year. This was decided in order to make financial reporting to donors more straightforward, as most project and programmes are organised in this manner.

Furthermore the finance unit have introduced more efficient filing systems for the keeping of records and have centralised all accounting records. The unit has also introduced on-line banking and Sage software to ease the administrative overhead.

In addition to the two financial audits, the unit hosted on-site audits from the European Commission and the Reception and Integration Agency Internal Audit Unit. Both visits had very successful outcomes for the organisation.

7. Financial Report



At the end of 2004 the financial reporting calendar of SPIRASI changed from June to July of each year to the calendar year, January to December.

The Financial Statements for the year ended 31 December 2005 are as follows:

7.1 Operating Statement

	Year to December '05 (€)	Period to December '04 (€)
Total Income	810,308	370,254
Total Expenditure	(784,347)	(338,503)
Surplus of Income over Expenditure	25,961	31,751
Surplus on Capital Account at start of year	144,093	112,342
Surplus on Capital Account at end of year	170,054	144,093

7.2 Balance Sheet

As at the 31 December 2005	31 December 2005 (€)	31 December 2004 (€)
Fixed Assets		
Tangible Assets	39,591	63,031
Current Assets		
Debtors	25,866	–
Cash at Bank and In Hand	117,923	117,850
	143,789	117,850
Current Liabilities		
Creditors and Accruals	13,326	36,788
Net Current Assets	130,463	81,062
Total Assets Less Current Liabilities	170,054	144,093
Capital Account		
Brought forward at 1 January 2005	144,093	112,342
Surplus for the year	25,961	31,751
	170,054	144,093

7.3 Income and Expenditure Statement

As at the 31 December 2005

	Total	Central Services	CCST	CÉIM	CHIP
INCOME					
Statutory/Government	506,983	20,414	253,706	4,500	228,363
Grants	177,510	30,579	93,909	37,022	16,000
Donations	25,230	1,758	19,474	3,998	–
Own Sources	100,585	67,526	31,289	1,770	–
Total Income	810,308	120,277	398,378	47,290	244,363
EXPENDITURE					
Human Resources	603,325	53,257	367,896	18,803	163,369
Travel & Subsistence	20,233	2,004	5,326	475	12,428
Equipment & Supplies	14,394	699	3,392	4,594	5,709
Project Costs	27,137	7,751	4,998	2,086	12,302
Overheads	62,895	43,635	8,875	3,053	7,332
Operational Costs	56,363	24,461	8,787	9,096	14,019
Total Expenditure	784,347	131,807	399,274	38,107	215,159
Deficit/Surplus of					
Income over Expenditure	25,961	(11,530)	(896)	9,183	29,204

7.4 Contribution in Kind

SPIRASI Central Services	197,175
CCST	55,819
CÉIM	160,708
CHIP	–
Total	413,702

7.5 Analysis of Financial Reports

In comparison to the previous 12 month financial period, 1st of August 2003 to the 31st of July 2004, in 2005 the income of SPIRASI grew by 21.6% as opposed to a reduction of 12.4% in the 2002/3 financial period. Additionally strong income growth has had a marked effect on the financial management ratios of the organisation.

The survival ratio of SPIRASI has increased significantly from 18.4 days to 58.8 days, although a significant improvement, more needs to be done to extend this to over 180 days. The liquidity of the organisation is a very comfortable 10.8 in 2005, in which is largely due to the financial policies of the organisation to make prompt payments to creditors. The organisation's income utilisation ratio is 96.8% overall, largely due to the predominance of statutory and grant related income which is tied by activities, time-frames and match funding. Overall this form of income accounted for 84.5% of the €810,308 raised in 2005. Other forms of income such as self-generation and fundraising made up 12.4% and 3.1% of income respectively.

Amounting to €413,000, contributions in kind represent a significant form of resources for the delivery of services at SPIRASI. These figures are represented on our audited accounts and therefore formally acknowledge the tangible contribution of volunteers and other supporters of the organisation.

List of Tables and Figures

Table 1	Comparing Asylum Applications in the EU and Ireland
Table 2	Comparison of Remit Panel Decisions 2004 & 2005
Table 3	CCST 2001 to 2005 New Referrals
Table 4	ORAC 2001 to 2005 Asylum Applications
Table 5	CCST Average Number of Hours per Service per Month
Table 6	Comparison of CHIP Beneficiaries and Asylum Applicants 2003 – 2005

Figure 1	Organisational Structure of SPIRASI
Figure 2	Irish Migration Patterns 1995 – 2004
Figure 3	Applications for Asylum 1992 – 2005
Figure 4	Asylum Seeking as a % of Overall Immigration to Ireland 1995 – 2004
Figure 5	Number of Positive Decisions at ORAC and RAT 2001 – 2005
Figure 6	SPIRASI Participants per Programme 2002 – 2005
Figure 7	Legal Status of English Language Participants 2005
Figure 8	Number of Students per Class 2005
Figure 9	Legal Status of IT Training Participants 2005
Figure 10	Sources of Referral to the CCST 2005
Figure 11	CCST Client Admissions in Comparison to Asylum Applications 2001 – 2005
Figure 12	Gender of CCST Referrals 2005
Figure 13	Number of Participants per Reception Centre 2005
Figure 14	Comparison of Gender: CHIP Beneficiaries and ORAC Asylum Applicants 2005
Figure 15	SPIRASI Volunteer Distribution per Section 2005



SPIRASI Wish to Acknowledge the Support of Our Donors



EUROPEAN REFUGEE FUND

Department of Social and Family Affairs

An Roinn Gnóthaí Sóisialacha agus Teaghlaigh

www.welfare.ie



The Atlantic Philanthropies | Bank of Ireland | City of Dublin Vocational Education Committee | Electricity Supply Board | Employment Network Limited | European Community Actions – *MORE Project* | Family Support Agency | FÁS (National Training & Employment Authority) | Health Services Executive | Holy Ghost Fathers | Johnson & Johnson | Reception and Integration Agency | United Nations Voluntary Fund for Victims of Torture | University of Glasgow (*Leonardo Da Vinci Project*)

And all of our Volunteers & Staff.

Thank You



SPIRITAN ASYLUM SERVICES INITIATIVE

213 North Circular Road
Phibsboro
Dublin 7
Ireland

Telephone: 01-8389664

Fax: 01-8823542

Web: www.spirasi.ie

Email: info@spirasi.ie